



AMERICAN PSYCHOLOGICAL ASSOCIATION

Resolution on the 2005 White House Conference on Aging

Whereas the decennial White House Conferences on Aging (WHCoA) has been an important forum for aging policy recommendations to the President and Congress and for assisting the public and private sector in the promotion of dignity, health, independence and economic security of the current and future generations of older persons (White House Conference on Aging, 2004); and,

Whereas the first group of the 78 million persons which constitutes the demographic phenomenon called the “baby boomers” will turn 65 years of age in 2011 and that 20% of the population will be 65 years or older by the year 2030 (Federal Interagency Forum on Aging-Related Statistics, 2000); and,

Whereas psychological research provides a solid empirical foundation for understanding and ameliorating late life mental and behavioral health problems, expands knowledge of the normal aging process, tests the efficacy of psychological interventions, and provides clues to the risks and protective factors for mental disorders across the life span (APA, 2004b; Duffy, 1999; National Institute of Mental Health, 2004; Qualls & Abeles, 2000); and,

Whereas it is well-established that mental health and well-being are critical to optimal functioning, physical health, and satisfying social relationships among older adults (Rowe & Kahn, 1998); and,

Whereas the report of the President’s New Freedom Commission on Mental Health included clear concerns about mental health services for older adults and various recommendations for improving the current delivery of care, including greater attention to mental health concerns in the primary care setting (President’s New Freedom Commission on Mental Health, 2003); and,

Whereas the 1999 Surgeon General’s Report on Mental Health found that disability due to mental disorders, substance use or cognitive impairments in individuals aged 65 years and older will become a major public health problem in the near future due to aging of the population (Department of Health and Human Services, 1999); and,

Whereas 20-25% of older adults may meet criteria for some form of psychological disorder despite the widely recognized adaptive resilience of the aged (Administration on Aging, 2001; Baltes & Baltes, 1990); and,

Whereas assessment and interventions for mental and behavioral health in older adults ameliorate these problems, improve quality of life, enhance physical health, improve the quality of relationships of family and friends, and reduce burden on family caregivers of older adults (Gatz, et al., 1998; Scogin & McElreath, 1994; Whitbourne, 2000); and,

Whereas the following sites may be appropriate for assessment and treatment of older adult mental health and behavioral health problems: home and community; healthcare settings, particularly primary care; mental health clinics; and assisted living and nursing homes (Administration on Aging, 2001); and,

Whereas significant progress has been made in identifying individual and family adaptive mechanisms that promote resilience (Administration on Aging, 2001; Baltes & Baltes, 1990; Pearlin & Skaff, 1995); and,

Whereas, research on the aging family has shown that it is often the family of the aging person that is essential to the aging individual's mental and physical health (Bengtson & Lowenstein, 2003; Bengtson, et al., 1996; Stephens, et al., 1990); and,

Whereas, families provide nearly two-thirds of all home and community based-care in the United States (Liu, Manton & Aragon, 2000) and three-quarters of informal caregivers are women (Administration on Aging, 2000); and,

Whereas many older adults - particularly those who are ethnic minority, sexual minority, rural-residing, disabled, and economically disadvantaged -- have problems accessing mental health care because of lack of parity between reimbursement for mental and physical health problems, poorly integrated systems of mental and physical health care, and a limited number of culturally competent mental health professionals with training in aging (APA, 2004b; President's New Freedom Commission on Mental Health, 2003; Walkup, 2000); and,

Whereas women's longevity is greater than that of men, among Americans age 65 years of age and older, three out of five are women, and after age 80, women outnumber men by almost 3 to 1, and that older women often face different late life issues than older men (Administration on Aging, 2000; APA Working Group on the Older Adult Brochure, 1998); and,

Whereas one out of six of older women is a member of a minority group, older women spend more years and a greater proportion of their lives with disabilities, older women are nearly twice as likely as men to live in poverty, and issues faced by older lesbians differ from those of older gay men (Administration on Aging, Department of Health and Human Services, 2000; APA, 2004a; Grossman et al., 2000; Kimmel et al., in press).

THEREFORE BE IT RESOLVED that the American Psychological Association:

Affirms the importance of the White House Conference on Aging as a vital forum for the discussion of issues of aging particularly as American society anticipates an unprecedented number and percentage of citizens who will be 65 years of age and older; and,

Encourages the 2005 White House Conference on Aging to review the current status of mental and behavioral health research and practice and to offer recommendations to the public and private sectors that will promote access to quality mental and behavioral health services for all older Americans, including special attention to the needs of women and subgroups of older Americans such as ethnic minorities, low-income individuals, individuals with disabilities, and lesbians, gay men, and bisexual individuals; and,

Submits nominations of geropsychologists as delegates to the White House Conference on Aging, including a geropsychologist with knowledge and expertise on issues unique to older ethnic minority persons; and,

Recommends that the 2005 White House Conference on Aging support policies that: assure access to an affordable and comprehensive range of quality mental health and substance abuse services to older Americans, including outreach, home and community based care, prevention, intervention, acute care, and long-term care; and, assure that these services are age appropriate and culturally competent; and,

Advocates for endorsement of full parity in mental health coverage equal to that provided for medical and surgical care in both Medicare and private insurance plans.

References

Administration on Aging, Department of Health and Human Services. (2000). *Older women* (Fact Sheet). Washington, DC: Author. (Retrieved from <http://www.aoa.dhhs.gov/naic/may2000/factsheets/olderwomen.html>)

- Administration on Aging, Department of Health and Human Services. (2001). Older adults and mental health: Issues and opportunities. (Retrieved February 6, 2003, from <http://www.aoa.gov/mh/report2001/default.htm>)
- American Psychological Association (2004a). Guidelines for psychological practice with older adults. *American Psychologist*, 59, 236-260.
- American Psychological Association (2004b). Psychology and aging: Psychologists make a significant contribution. [Brochure]. Washington, DC: Author.
- APA Working Group on the Older Adult Brochure. (1998). What practitioners should know about working with older adult. Washington, DC: American Psychological Association.
- Baltes, P.B., & Baltes, M.M. (1990). Psychological perspectives on successful aging: The model of selective optimization with compensation. In P.B. Baltes & M.M. Baltes (Eds.), Successful aging: Perspectives from the behavioral sciences (pp. 1-34). Cambridge, England: Cambridge University Press.
- Bengtson, V.L. & Lowenstein, A.L. (2003). Global Aging and Challenges to Families (2003). New York: Aldine de Gruyter, NY.
- Bengtson, V.L., Rosenthal, D. & Burton, L. (1996). Paradoxes of families and aging. In R.H. Binstock & L.K. George, L.K. (Eds.) Handbook of aging and the social sciences (4th ed.). San Diego, CA: Academic Press
- Duffy, M. (1999). Handbook of counseling and psychotherapy with older adults. New York: John Wiley & Sons.
- Federal Interagency Forum on Aging-Related Statistics (2000). Older Americans 2000: Key indicators of well-being. Washington, DC: U.S. Government Printing Office.
- Gatz, M., Fiske, A., Fox, L.S., Kaskie, B., Kasl-Godley, J. E., McCallum, T.J., & Wetherell, J.L. (1998). Empirically validated psychological treatments for older adults. Journal of Mental Health and Aging, 4, 9-46.
- Grossman, A. H., D'Augelli, A. R., & Hershberger, S. L. (2000). Social support networks of lesbian, gay, and bisexual adults, 60 years and older. Journal of Gerontology: Series B, Psychological Sciences and Social Sciences, 55B, 3, 171 - 179.
- Kimmel, D., Rose, T., & David, S. (Eds.). (in press). Research and clinical perspectives on lesbian, gay, bisexual, and transgender aging. New York: Columbia University Press.
- Liu, K., Manton, K.G., & Aragon, C. (2000). Changes in home care use by disabled elderly persons: 1982-1994. Journal of Gerontology: Series B, Psychological Sciences and Social Sciences, 55B, S245-253.
- National Institute of Mental Health (2004). Mental health for a lifetime: Research for the mental health needs of older Americans. (Retrieved April 25, 2005, from <http://www.nimh.nih.gov/council/agingreport.pdf>)
- Pearlin, L. I., & Skaff, M.M. (1995). Stressors and adaptation in late life. In M. Gatz (Ed.). Emerging issues in mental health and aging. (pp. 97-123). Washington, DC: American Psychological Association.
- President's New Freedom Commission on Mental Health (2003). Achieving the promise: Transforming mental health care in America. Final Report. DHHS Pub. No. SMA-033832. Rockville, MD.
- Qualls, S. H., & Abeles, N. (Eds.). (2000). Psychology and the aging revolution: How we adapt to longer life. Washington, DC: American Psychological Association.
- Rowe, J.W., & Kahn, R.L. (1998). Successful aging. New York: Pantheon Books.
- Scogin, F., & McElreath, L. (1994). Efficacy of psychosocial treatments for geriatric depression: A quantitative review. Journal of Consulting and Clinical Psychology, 62, 69-74.
- Stephens, M.A., Crowther, J.H., Hobfoll, S.E., & Tennenbaum, D.L. (Eds.) (1990). Stress and coping in later life families. New York: Hemisphere.
- U.S. Department of Health and Human Services. (1999). Mental health: A report of the Surgeon General. Washington, DC: Author.
- Walkup, J. (2000). Disability, health care, and public policy. Rehabilitation Psychology, 45, (4), 409-422.
- Whitbourne, S.K. (Ed.) (2000). Psychopathology in later adulthood. New York: Wiley.
- White House Conference on Aging (2004). Retrieved October 29, 2004 from <http://www.whcoa.gov/about/history.asp>

Justification Statement

APA Resolution on the 2005 White House Conference on Aging

Purpose and Rationale for resolution and relevance to psychology

The White House Conferences on Aging (WHCoA) have taken place approximately every ten years since 1961. The Conferences are designed to develop recommendations for research and action related to aging. Some of the Conferences have had a major impact on public policy. The 1961 Conference influenced subsequent public policy including the establishment of Medicare and Medicaid, the Administration on Aging, and the amendment of existing legislation to address issues of the aged. One of the major events preceding the 1995 WHCoA was the White House Mini-Conference on Emerging Issues in Mental Health and Aging. The Mini-Conference highlighted the critical role of mental health in the lives of older people and addressed a wide range of topics such as promotion of mental health policy, encouragement of optimal health as people age, expansion and consolidation of the scientific research in late life mental health problems, and increase of access to mental health services. The Mini-Conference made a series of recommendations that were part of deliberations of the larger WHCoA. APA published a summary of the Mini-Conference in a volume edited by geropsychologist Margaret Gatz (1995), Emerging Issues in Mental Health and Aging. We believe that the proposed APA Resolution on the 2005 White House Conference on Aging will bring attention to this important forum and convey and affirm the sense of APA that research and practice issues including contributions of psychology are critical to the health and well-being of older people and therefore need to be a central part of the agenda of the 2005 WHCoA.

Importance to Psychology and Society as a Whole

WHCoA recognition of the need for increased research on mental health and aging and access to quality mental and behavioral health services will greatly benefit society as a whole. Geropsychology research expands knowledge of the normal aging process, designs and tests psychological interventions, and provides clues to the risks and protective factors for mental disorders across the life span. Mental and behavioral health assessment and interventions for older adults ameliorate mental and behavioral health problems, improve quality of life, enhance physical health, and improve the quality of relationships of family and friends as well as reduce burden on caregivers of older adults with life difficulties. Only by the creation and implementation of a national agenda that includes psychology will we be able to address these issues adequately. As described later, research clearly indicates the effectiveness of psychological and behavioral interventions for older adults. Psychological interventions not only improve mental health of aging individuals and their families but also promote physical health of older persons and recovery from acute and chronic health problems.

Representative Scientific and Empirical Findings Related to the Resolution

Basic and applied psychological research have significantly contributed to the empirical foundation upon which mental health and aging rests. Theories of and research related to adult development and aging have contributed to our understanding that aging can only be viewed within a lifespan perspective. That is cumulative experience over a lifetime is critical to both predicting and understanding older adults' health and well-being. (Bengtson, et al., 2002; Birren & Schaie, 2001; Whitbourne, 2001). Research on cognition and aging has shown that cognitive ability previously assumed to decline over the life span can be delayed and in some cases, reversed (Craik & Salthouse, 2000; Schaie, 1996). Research has shown that the family of the aging person is often essential to the mental and physical health of older adults (Bengtson & Lowenstein, 2003; Bengtson, et al., 1996; Stephens, et al., 1990). Families of aging individuals are the unsung heroes of eldercare who need both recognition and support since long-term caregiving is associated with subjective burden and risk for mental health problems. While families play a critical role in care, friendships and social networks often convey meaning and pleasure to the older person (Blieszner & Adams, 1992; Knipscheer & Antonucci, 1990). Similarly, social psychological research has shown that group dynamics and interpersonal processes effect older persons' well-being and life experience (Binstock & George, 2001; Hess & Blanchard-Fields, 1999; Pratt

and Norris, 1994). As the country becomes increasingly diverse so too does its aging population. Sensitivity to the diversity of the aging experience including race, ethnicity, gender, socioeconomic factors and family form is critical to understanding and providing service to our older population (Curry & Jackson, 2003; Gerontological Society of America, 1999; Turner and Troll, 1994; Jackson, et al., 1992). And finally, researchers have noted the importance of diverse methodologies and representative samples for studying aging processes (Birren & Schaie, 2001; Lawton & Herzog, 1989; Baltes, et al., 1988). Sophisticated methodologies developed by psychologists and use of representative samples have led to new insights into the causes and consequences of factors which are fundamentally important to the mental and physical health of older persons.

Geropsychologists have substantively contributed to our understanding of optimal assessment, treatment, consultation, supervision, consumer protection, and professional development related to late life mental and behavioral health problems. Psychologists have also become increasingly active in advocating for additional services and programs for older adults, aging research, and professional training in aging to address the needs of the growing older adult population (Browdie, 2004; Karlin and Duffy, 2004).

Likely Degree of Consensus

Consensus on this resolution from all sectors of APA is likely. APA has had a long history of being concerned about the well being of older adults beginning with the establishment of the Division of Psychology of Adulthood and Old Age (currently the Division of Adult Development and Aging) in 1945. The first Conference on Training Psychologists for Work in Aging was held in 1981. Council affirmed in 2003 the importance of preparing psychologists to effectively meet the needs and encourage the strengths of our rapidly growing aging population with the adoption of the Guidelines for Psychological Practice with Older Adults. Aging issues assumed increasing prominence within APA during the 1990's with the establishment Division 12, Section II, the Clinical Geropsychology section of Division 12 (Society of Clinical Psychology), and the Committee on Aging and the Office on Aging. APA continues to actively advocate on behalf of older adults through many of its divisions, including but not limited to Division 20, Division 12, Section II, Division 9, Division 17, Division 18, and Division 38, through its many publications on aging, through its primary journal, Psychology and Aging, and through its efforts in promoting public policies dealing with aging. APA is a part of several coalitions that have advocated on issues of aging (including currently providing staff support and meeting space to the National Coalition on Mental Health and Aging) and has been a strong advocate of increased funding for research on aging. The action called for in this resolution is likely to be supported by scientific and community concerned sectors, those involved with aging and lifespan issues, and geropsychological practitioners.

Likely Impact on Public Opinion or Policy

We believe an APA resolution will strongly convey to the delegates of the WHCoA that our Association is fully cognizant of the importance of the WHCoA and our belief that mental/behavioral health and aging issues must be addressed by the Conference. Further, we believe an APA resolution will greatly increase the likelihood that mental/behavioral health and aging issues are an integral part of the WHCoA agenda.

References

- Baltes, P.B., Reese, H.W. & Nesselroade, J.R. (1988). Lifespan developmental psychology: Introduction to research methods (2nd ed.). Monterey, CA: Brooks Cole.
- Bengtson, V.L. & Lowenstein, A.L. (2003). Global Aging and Challenges to Families (2003). New York: Aldine de Gruyter, NY.
- Bengtson, V.L., Rosenthal, D. & Burton, L. (1996). Paradoxes of families and aging. In R.H. Binstock & L.K. George, L.K. (Eds.) Handbook of aging and the social sciences (4th ed.). San Diego, CA: Academic Press.

- Binstock, R.H. & George, L.K. (2001). Handbook of aging and the social sciences (5th ed.). San Diego, CA: Academic Press.
- Birren, J.E. & Schaie, K.W. (Eds.) (2001). Handbook of the psychology of aging (5th ed.). San Diego, CA: Academic Press.
- Blieszner, R. & Adams, R.G. (1992). Adult friendship. Newbury Park, CA: Sage.
- Browdie, R. (Ed.). Spring 2004. Advocacy and Aging. Generations: Journal of the American Society on Aging, XXVIII, 1.
- Craik, F.I.M. & Salthouse, T.A. (Eds.) (2000). The handbook of aging and cognition (2nd ed.). Mahwah, NJ: Erlbaum
- Curry, L & Curry & Jackson, J. (2003). The Science of Including Older Ethnic and Racial Group Participants in Health-Related Research. Gerontologist, 43, 15-17.
- Edelstein, B. (Ed.) (2001). Clinical geropsychology. Oxford: Elsevier Science.
- Gatz, M. (1995). Emerging issues in mental health and aging. Washington, DC: American Psychological Association.
- Hess, T.M. & Blanchard-Fields, F. (Eds.) (1999). Social cognition and aging. San Diego, CA: Academic Press.
- Jackson, J., Chatters, L., & Taylor, R.J. (Eds.) (1992). Aging in black America. Thousand Oaks, CA: Sage.
- Karlin, B.E. & Duffy, M (2004). Geriatric Mental Health Policy: Impact on Service Delivery And Directions for Effecting Change. Professional Psychology: Research and Practice 35, 5, 509-519.
- Kimmel, D.C. (1990). Adulthood and aging: An interdisciplinary, developmental view (3rd ed.). New York: Wiley.
- Knight, B.G. (2004). Psychotherapy with older adults (3rd ed.). Thousand Oaks, CA: Sage.
- Knipscheer, C.P.M. & Antonucci, R.C. (Eds.) (1990). Social network research: Substantive issues and methodological questions. Rockland, MA: Swets and Zeitlinger.
- Lawton, M.P. & Herzog, R. (Eds.) (1989). Special research methods for gerontology. Amityville, NY: Baywood.
- Pratt, M.W., & Norris, J.E. (1994). The social psychology of aging. Cambridge, MA: Blackwell.
- Schaie, K.W. (1996). Intellectual development in adulthood. New York: Cambridge University Press.
- Stephens, M.A., Crowther, J.H., Hobfoll, S.E., & Tennenbaum, D.L. (Eds.) (1990). Stress and coping in later life families. New York: Hemisphere.
- Storandt, M., & VandenBos, G.R. (1994). Neuropsychological assessment of dementia and depression in older adults: A clinician's guide. Washington, DC: American Psychological Association.
- Turner, B.F., & Troll, L.E. (Eds.) (1994). Women growing older: Psychological perspectives. Thousand Oaks, CA: Sage.
- Whitbourne, S.K. (2001). Adult development and aging: Biopsychosocial perspectives. New York: Wiley.

Whitbourne, S.K. (Ed.) (2000). Psychopathology in later adulthood. New York: Wiley.

White House Conference on Aging (2004). Retrieved October 29, 2004 from
<http://www.whcoa.gov/about/history.asp>.